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ORIGINAL ARTICLES.

The Diagnosis of Vesical Neoplasms.

Read before the Golden Belt Medical Society at Junction City, October 5, 1893,

BY

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The tendency of the students in modern medicine to extricate it from a palpably erroneous subjectivity and place it upon a higher plane of a proximately exact objectivity, as illustrated by the labors of Lorvisart, Skoda, Lænnec, etc., in the region of the thorax; Garcia and Turck in the larynx; Helmholtz and Graefe in the eye; Nitze, Fenwick and de Rocher and many others in the various specialties, whilst worthy of the highest commendation, must nevertheless impress even the more enthusiastic with its limitations. It is an ideal still beyond our reach, and the practical physician must content himself, accepting things as they are striving and hoping for a more glorious future.

That the ignorance, stupidity, mendacity, fancy, etc., of the patient often leads into error cannot be gainsaid; but I am quite sure no conscientous clinician would ignore the history, etc., of a given case, even in those departments where physical examinations have attained their highest development.

It would be manifestly impossible to be unerringly accurate in every instance should he depend upon objective examinations solely; per contra he could be doubly culpable should he rely entirely upon the subjective statements of the invalid. Only in one department, perhaps, could those properly qualified dispense with a history, and even here there might, in an exceedingly small majority of the cases, be an occasional embarrassment; indeed, in the vast majority of instances the history might prove misleading. It would be superfluous, perhaps, to state that I refer to the skin.

I would not underrate the value of the sound and the great advantages of the cystoscope since its recent improvements, consequent upon extended study and observation as instruments of precision in the investigation of maladies of the urinary bladder. Indeed, in some instances the former would be indispensable. Nevertheless I believe it can be asserted without much fear of contravention, that a diagnosis of vesical neoplasms is possible without the aid of either, and that they can be of value only as supplementary means, and quite as often their use is contra-indicated as dangerous, and owing to the technical imperfections of the cystocope plus complicating conditions not always under control, absolutely unavoidable.

Nevertheless the diagnosis of vesical neoplasms is not only possible, but almost certain say in at least ninety per cent. of the cases by a carefully-elicited history, coupled with a physical examination by unaided senses. This is perhaps in the nature of a surprise to those who have not familiarized themselves with the subject; and, if my statements prove true, average as high, if not higher, than in other cavities of the economy. It should be understood, however, that this implies the presence of a growth without revealing its nature.

Let me illustrate by a typical case. A male adult, past the meridian of life, con-

sulted me about eighteen months ago, and as is usual in such cases, laid stress only upon the most distressing symptom. A careful interrogation elicited the following symptomatology, though the individual was not remarkable for his intelligence and much reduced by his sufferings. Six years previous to this visit he was surprised by a urinary hemorrhage without provocation, lasting only a day and subsiding without treatment. A year afterwards another hemorrhage—unprovoked—of somewhat longer duration and somewhat more copious. Then the intervals of apparent health became shorter, the hemorrhages more frequent and occasionally of longer duration, though not induced by violence, jolting, etc. Finally, during the last year, painful and frequent micturition, which had previously been absent, were included in the clinical picture. He now became reduced in flesh and strength and suffered much from gastric disturbance. The urinary examinations revealed blood and pus corpuscles in abundance. The bladder, after evacuation upon bi-manual examination, proved unemptied. Rectal touch did not reveal any nodulated infiltration, but a firm intra-vesical mass was distinctly palpable by the combined method. This was situated immediately above the prostate and in the trigone. Diagnosis: tumor of the bladder probably malignant. Operation declined. Owing to a misunderstanding, patient passed into the hands of my friends, Drs. Drake and Halley. Diagnosis not confirmed. Death of patient. Autopsy revealed epithelioma of the pylorus and another of the bladder of which I present the specimen by the courtesy of Dr. Drake. This is a resume of the case without that attention to detail which is of so much importance and of which I shall speak later on.

The most important symptom and the very first in order of occurrence in an immense majority of the cases is hemorrhage, and in order that it may be correctly interpreted must be studied in detail, for this is an event common to almost every form of bladder disease. Very seldom, indeed, is it accompanied by pain, and this only when the growth is situated at the internal meatus, where it acts as an obstruction.

The hemorrhage is unprovoked contrary to what happens when due to calculus. Here it is always the result of some violence, a fall, undue exertion, a jolting in a vehicle, equestration, etc., and yields promptly to rest and is not very abundant. The hemorrhage, consequent upon the presence of a neoplasm, is not due to violence, is painless, may be abundant and does not yield to those measures usually applicable. It disappears not as a result of treatment, being capricious in this respect, vanishing as suddenly as it came to reappear at a day very distant from its first announcement. Gradually, however, the intervals grow shorter until finally it may become almost continuous exsanguination, proving the hæmostatic. In some cases retention, as a consequence of the clotting, is superadded and then all the symptoms of a violent cystitis following in its wake, often the result of surgical interference.

The hemorrhage, as regards quantity, may be enormous at times even from a trivial growth; thus from a few slender filamentous projections I witnessed an extremely alarming one in one of my cases.

In another, where an exsanguinating hemorrhage of three months compelled the patient to place himself in the hands of one of the most distinguished operators in this line, it was my lot to see him expire on the table just as the operation was about being completed, so exhausted was he, though the growth was not larger than a small pea. In other cases it is slight, but always presenting the above-mentioned peculiarities regarding its commencement and progress. The size of the growth bears no relation to the amount of hemorrhage. The pain, frequency of micturition and purulence, the complex, par excellence of cystitis, usually appear late upon the scene. It may be in consequence of the course adopted as just described, but are almost certain to finally ensue even in the absence of any interference.

If the patient can be observed in one of his hemorrhagic seizures, the manner of the flow is of importance. Usually the latter

half of the stream contains the greater amount of blood, the contracting viscus expelling the sanguinary mass very much after the manner of a compressing hand upon a sponge.

Another diagnostic feature of importance if obtainable is the expulsion of particles of the growth which betrays its presence and character when submitted to microscopic examination. It would be unwise in a suspected case to attempt the removal of a specimen, though this is counselled by some observers. I do not believe that it requires any argument to demonstrate the danger of this maneuvre. In a very small minority of cases only will you be so fortunate as to secure a spontaneously-voided fragment.

Now as to the physical signs: Before attempting bi-manual exploration, see that the bladder is emptied. If possible, have the patient do this by the natural effort, placing the index finger of the right hand preferably — previously well anointed as should also be the whole contour of the anus to avoid pain — well up into the rectum, the whole of the opposite hand being placed over the hypogastrium, when it can be proceeded with almost as satisfactorily as a similar maneuvre in the female by the vaginal route. By gently depressing the supra-pubic region, the whole of the viscus can be brought into contact with the palmar and tactile surface of the opposing digit, revealing the presence of any infiltration in the bladder wall by its nodular, indurated or irregular surface or the presence of a pedunculated or sessile growth projecting from its surface internally if of sufficient size. Even negative evidence is of value for it discloses conditions which render interference of favorable omen.

Thus, with a positive clinical history, such as has just been detailed, and the absence of infiltration suggests a pedunculated or sessile growth of moderate dimensions, susceptible of complete extirpation, which would not be attainable with one infiltrated in the vesical wall and practically the character of the neoplasm is devisible into these two forms. Pain and tenderness are not to be expected even though the growth be malignant; they mean cystitis. The examining finger can also locate the site and general contour size, etc., of the offending intruder in favorable cases. A very fat belly, of course, offers an impediment often difficult to overcome.

When there is evidence of a residuum occasioned by a large prostate or by the growth itself, a catheter "en gomme" may be called into requisition, when it will be found that after the instrument is well into the bladder as evidenced by an issue of the urine, it glides over something which is not the prostate as it is pushed on; often, too, it is followed by hemorrhage.

At times a sound may engage the growth on its curve, determining its shape and location. If it is large, this is not possible, the excursions of the instrument being so limited as to suggest the presence of an unwelcome guest; if it is small, its revelations are negative; medium-sized growths are best outlined. But either of these methods had better be avoided, since they are not without danger. The cystocope, too, may also corroborate what is already established, provided the bladder is freed of blood and pus, which is not always possible.

As stated at the outset, hemorrhage is a symptom common to so many vesical troubles that a brief review and comparison is essential to establish a differential.

The hemorrhage provoked by a calculus is usually slight and is always directly attributable to violence, subsidng upon rest in recumbency, though at times it may be very profuse. Recently I examined a case on which two very severe and prolonged hemorrhages, requiring aspiration of clots, aroused a suspicion of a neoplasm; but careful inquiry showed these to be traceable to overexertion, riding, etc. The patient, a distinguished old gentleman of our state, was the bearer of a large prostate and a calculus, readily diagnosticated by the sound presumptive evidence being in its favor. The latter was removed by the high operation.

The protracted though slight hemorrhage of an old gonorrhœal cystitis may prove perplexing, especially since a partial

thickening of the bladder wall—pericystitis—might appear corroborative of a growth. But the history of inflammation, coincident with or preceding the hemorrhage, will set doubt at rest.

The hemorrhages of a tubercular cystitis usually precede the pain and inflammation, thus resembling like conditions in the lung, the hæmoptysis antedoting the bronchitis often for months.

In the majority of cases, however, a primary tubercular cystitis is associated with a similar condition in the epididymis, cord and seminal vesicles disclosed by their nodulation upon the touch; and finally, when the stage of ulceration has set in, the tubercular bacillus decides the question. Hemorrhage, due to neoplasm of the kidney, by a careful study of symptoms presents an array of facts that usually does not offer many difficulties for solution. The hemorrhages, though unprovoked and recurring at irregular intervals, do not have a tendency to finally become continuous, but cease, as it is supposed, because of an obstruction of the renal end of the ureter. Often they are preceded by renal crises, simulating renal colic, lumbar pains, etc., and the presence of vermicular clots in the urine, although it must not be supposed that these of themselves are really pathognomonic, for they may be the result of a vesical hemorrhage.

Another important sign, as pointed out by Guyon and of immense value, is the recent development of a varicocele upon the affected side, due to an obstruction of the spermatic vein. Finally renal ballotment usually shows enlarged kidney. This can be effectually practiced with the patient upon the back, the thigh and legs extended, the left hand of the observer slipped under the loin, the right gently placed anteriorly and immediately opposite, and gradually, gently, but firmly, depressed, taking advantage of each succeeding expiration when the ballotment is accomplished by the nether hand, the one superimposed merely recording the sensations. A little practice makes this easy of accomplishment and of incalculable value.

It is said a varix of the bladder may be responsible for the hemorrhages; but its existence is denied by some competent observers. When it does occur it is associated with varices elsewhere, notably about the anus and the legs, and the hemorrhages seem to vicariously substitute the customary ones from the bowel.

A word regarding vesical ulcers. Hemorrhages are said to be consequent upon and due to ulceration. Indeed, ulceration of a neoplasm is rare. The hemorrhage is an early symptom long before its disintegration should that finally occur. The same is true of tuberculosis, the hemorrhage being the early symptom long in advance of the degeneration of the tubercle.

Another feature of interest in neoplasms of the bladder and worthy of consideration is their slow growth even when malignant, and the element of time is not an important factor in the prognosis. Indeed well authenticated cases of fifteen years or more, being on record from the first hemorrhage to the date of observation, and yet no secondary deposits. This is accounted for on the assumption of the absence of lymphatics according to Sappey in the vesical mucous membrane.

I might cite, too, a personal experience of great interest which may prove of advantage to you in the future as it certainly will to me. This was the case of an ignorant man whose history was not secured with that definiteness that we usually desire in these seemingly obscure affections, and rendered doubly difficult because he was only conversant with a German dialect with which I was not at all familiar. For six months he suffered from irregular hemorrhages, both from the bladder and bowel, and when seen in addition to bloody urine complained of intense lumbar and sacral pains, pain at the head of the penis, some pain and numbness—mark it, numbness—in the anterior, internal and upper aspect of the thigh. The bi-manual revealed a large growth, but it was difficult to say whether it was intra or extra-vesical. The symptoms inclined me to believe that it was both. I had outlined an operative procedure suitable to the case,

but failed to carry it into effect, thus to precede the cystotomy by a laparotomy with the lower terminus of the incision somewhat above the upper of the anticipated suprapubic cut. This would have combined the exploratory with the remedial measure. The latter incision was the only one made, and revealed an inclusion of the bladder wall in the growth, though it was extravesical; two small calculi were also present. The lumbar pains — excruciatingly severe — the anæsthesia and pains in the thighs are recommended for your recollection.

To resume: Painless, irregular hemorrhages, often with long intervals of freedom, finally growing shorter until they become almost continuous, unprovoked by any exciting cause and not amenable to the usual methods of treatment, pain the result of a cystitis late in the case, coupled with the revelations of the bi-manual, are the cardinal symptoms of a vesical neoplasm when all the other possibilities as just enumerated can be excluded by a careful, painstaking review of the history and physical examination by the unaided senses. It is in the ensemble of the symptomatology that we seek a disclosure of Nature's secret.

The Clothing of Infants and Children.

Read before the Eastern Kansas Medical Society at Topeka, October 12, 1893,

BY

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PROFESSOR OF DISEASES OF CHILDREN IN THE KANSAS MEDICAL COLLEGE.

The helplessness, the delicacy of a human being as it first comes into this world is a never-failing wonder to me. What a difference between it and a little lamb, for instance! The baby can cry, move its little arms and legs, open and shut its eyes, and suck if the dimensions of the maternal organ are such as to admit of a good fit. But even under favorable conditions, namely, a normal breast and a healtly babe, it has often taken a big doctor, an experienced nurse and an ever-willing grandmother to make the coupling, and the baby is naked, and has to be provided with clothing.

The little lamb, on the other hand, does its own coupling, and stands alone while it is doing it too, and is dressed, I may say, in its best suit of clothes. The lamb goes on sucking, and kicking, and growing, and in a few short months it is supporting itself.

The baby is ten, fifteen or even twenty years old before it is independent of the parents.

There are other contrasts that might be mentioned, but it is not at all my desire to make a careful comparison, but to show the helplessness of infants and their special need of clothing.

A doctor is supposed to know everything — and I don't know but what he comes nearer to it than any other man — and among the things he is expected to know is what the baby should wear. But yet he is not often asked to suggest a wardrobe. That is usually all prepared, ready for the new-comer, before the doctor is called into the case; but it is an easy matter for him to make an opportunity to examine the little garments, and any comments he may make will receive a respectful hearing even though they may not be acted upon. So it seems to me a doctor should have an opinion as to how the baby should be dressed, and if those opinions are of real worth, the continual stating of them will bring about gradual adoption, although dame fashion and old custom are strong leaders, and not easily overthrown.

Then how shall we clothe the baby? Why, the little lamb has a splendid coat; why not take it away and give it to the baby? Well, it is often done, and in my opinion no better garment can be found for the little one.

Let us see for a moment what the conditions are, and that will show what is needed.

We have a little being covered with a structure beautiful in appearance and wonderfully adapted to the uses it is intended for. Rub your hands over the baby's skin, and take it up between your fingers and feel of it, and then do the same to the finest

piece of silk, satin, velvet or any other structure, and every one of them will suffer in comparison. When we examine the skin more closely, we find the external part to consist of layers of flattened epithelial cells, and that it is numerously perforated by little tubes which terminate in glands — sweat glands, sebaceous glands, and hair follicles. These glands are continuously active, and excrete for the most part waste matter and water. It is very desirable that these substances be removed, so that one of the first requirements in a garment is that it should have absorbtive properties. Again, temperature has a very positive influence upon the skin. Cold contracts it so that the glands are less active, the tubes are smaller and more likely to get clogged. Heat increases, the secretion opens up the tubes and makes the skin more active. A sudden change from heat to cold will often bring about that pathological condition which we call a cold, and this suggests the second requirement — our garment must be a poor conductor of heat.

Woolen garments have these qualities in a marked degree and are undoubtedly the best goods for our little ones to wear next to the skin so far as these two qualities are concerned. Some babies have so thin an external layer of epithelium, that anything but the finest material is irritating, so that occasionally woolen goods can not be worn next to the skin. What shall we do then? Why, get a very thin cotton or silk garment for wearing next to the skin and put the woolen garments over them.

Some of the fairer sex might remark that here was a good place to write a "finis." As I do not do so I shall justify myself by a recital of facts. I have about a quarter of a hundred first cousins who are females, I have three sisters, who are also females, and I have a wife and two daughters. This affliction, I beg pardon, I mean this honor should bring with it the privilege of speaking about some things that otherwise I should have known and cared very little about.

How, then, shall we dress the baby?

1. A nice smoothe piece of surgical (absorbent) cotton about five or six inches square with a hole near the middle just large enough to admit the umbilical cord. Adjust it smoothly over the baby's belly, put the cord through the hole up in the direction of the chin; place a similar piece of cotton without the hole over the first.

2. Put on a soft flannel band around the child's body which will reach from the nipples to the crest of the ilium, and pin it in front with small safety pins.

3. A diaper of soft cotton or cotton flannel; not unwashed, harsh, new goods.

4. A soft flannel gown, made with sleeves, but no waist, and about one yard in length. Have it open the full length in front, and tied with tapes or buttoned.

5. A dress of silk, tennis flannel, figured woolen goods or unstarched linen, according to the weather, fancy, or purse of the mother. This should be made similar to the above gown, or with a waist if preferred, a few inches longer and with larger sleeves.

When the cord has come off, and the stump is thoroughly healed, I should advise leaving off the flannel band.

A small pinning shirt or rectangular piece of flannel may be substituted to keep the gown from getting soiled.

At five to eight mouths, or when the baby gets to kicking considerably and the mother decides to put the baby in short clothes, I would suggest the following wardrobe:

1. A flannel shirt reaching to or below the pubes.

2. Diapers.

3. Woolen stockings reaching well up above the knees.

4. Shoes with a wide, strong sole, and plenty of toe room.

5. A well-fitting waist of cotton goods, to which is attached the garters and a flannel shirt.

6. In winter I should advise a dress of woolen goods; in summer, a dress of any light material.

Whenever the child learns to attend to the calls of nature, the union suits are very desirable. This is a garment which in-

cludes shirt and drawers, but is woven in one piece. In addition to the union suit the child will now need cotton or cotton flannel drawers.

I see no reason for any substantial change in this wardrobe for a girl.

Many women are adopting it — wearing no corsets, simply modifying the waist. It is in my opinion a most healthful and comfortable wardrobe.

For the boys there is not much to say — a union suit, strong, comfortable waist, knee breeches, long stockings and big enough shoes, make him comfortable enough to improve every opportunity to get into mischief.

The most common abuse is ring garters instead of those attached to the waist.

In my descriptions so far I have not spoken very definitely about the changes of the weather, but I believe that it is of decided importance that the clothing shall be changed to meet the conditions.

Here in Kansas it is not a very unusual occurrence for us to have spring, summer, autumn and winter in four days; and I believe under such circumstances the child's clothing should be changed four times or at least twice.

I know of people who change their flannels twice a year. To summer flannels May 1, to winter flannels October 1, no matter what the weather is, and never vary the order. My idea is to follow the weather in spite of the fact that she sometimes leads us quite a chase.

Children vary greatly in their ability to withstand cold, and it is impossible to lay down a rule that will apply to every child.

The mother must experiment and find out the needs of each child. She may be guided by this general statement that a child should wear only enough clothing to make it comfortable. There is one point which is of great importance and that is not a matter of dress, but so closely related that I trust I shall be pardoned for incorporating it in my paper. I do not believe in the so-called hardening process with children, *i. e.*, clothe them poorly and let them brave the severest weather. Clothe the little ones well and then let them brave the weather, but give them two Cautions with a big C:

1. When you are out in cold or stormy weather, keep moving.

2. When you come into the house wet or cold, get dry and warm immediately.

These cautions must not be limited to children; we all need them. I am confident that if they were followed, colds would be reduced one-half.

Gentlemen and ladies, I thank you for your kind attention. I have not tried to say anything learned — or original, I was going to say, but failing to find a single article on this subject to post up on, I will have to omit that word — but I have tried to present a few things on this subject which might be suggestive to you. If I have succeeded in so doing, I am satisfied.

Clinical Observations in the Treatment of Diseases of Women.

Read before the Golden Belt Medical Society at Junction City, October 5, 1893,

BY

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In view of the interest which is manifested in woman and her peculiar diseases, I have thought that it would not be without interest to the general practioner to give the result of my observation during a clinical experience of six months. I take for record the cases which came under my care between the months of March and September of the present year. I am led to do this because of this fact, that the majority of literature, which is given to the medical profession in our journals, is devoted to the subject of diseases of women. But this is right, for if the literary energy of the specialists should draw us into the prevailing fad or fashion, we can but follow on, knowing that time and observation will give a better and truer knowledge of the subject,

and thus pave the way for the safe walking of the general parctioner.

Whatever then can add anything to the sum total of this subject, which will give us a clearer insite into the diagnosis and management of the diseases of women, and do away with operation and experiment by substituting a safer method and treatment, should be hailed with delight. I believe that the secret lies in diagnosis. Once this is clear, the fact as to whether treatment or therapeutics can avail will be of easy accomplishment. Then, again, prophylaxis will be properly understood and the per cent. of cases, which may need attention, will be reduced to a minimum.

With these preliminary remarks I will call to your attention a class of 205 patients who came under observation, and from the diagnosis of their ailments deduce some facts. The patients are such as would fall into the hands of any physician doing a general practice, and hence are sufficiently general to be a basis from which to draw conclusions. The two hundred and five cases, if classified, would properly come under the following heads:

Endometritis	1
Functional neuroses	10
Menopause	5
Pregnancy	10
Fibroid of uterus	7
Amenorrhœa	4
Menorrhagia	2
Specific vaginitis	8
Cancer of uterus	1
Salpingitis	8
Vaginismus	1
Prolapse of ovary	5
Infantile uterus	1
Laceration of perineum (uncomplicated),	1
Cystitis (uncomplicated)	1
Laceration of perineum, rectocele and cystocele with prolapse of uterus	10
Antiflexion or retroflexion with dysmenorrhœa	15
Evidences of inflammatory thickening in one or both broad ligaments, involving tubes and ovaries, and shortening of the utero-sacral ligament, accompanied with distortions of uterus, either with or without laceration of perineum or cervix	115
Total	205

An analysis of these cases will show conclusively that but a small proportion of them belong to a class which would properly be considered as being beyond the reach of prophylaxis. The greater number belong to that class of cases which result from the entrance of some morbific agent through the female genital tract, either from injury or otherwise, and it may reasonably be supposed that they would have been amenable to prophylactic treatment. This has been my experience in investigating cases which came under my observation in the clinic for a number of years past.

From this experience I may say that the typical case in uterine disease, which the parctioner would meet in his office, is as follows:

Let me draw a clinical picture. The patient married; has had one or more children; one miscarriage; menstruation regular, painful at times; leucorrhœa; occasional pain in micturition; pain in back, in one or both iliac regions; headache in top or back of head; bowels constipated; irregular appetite; dates her sickness from confinement, miscarriage or injury. This history, I may say, might almost be typical of the vast majority of cases coming under the observation of the average physician. It was in substance, with a few exceptions, the history of the symptoms of my reported cases.

Now, taking the history and symptoms of such a case, what do we expect to find on an examination? First, occular inspection may show more or less laceration of the perineum with a consequent sagging and want of support of the pelvic floor; second, digital examination confirms this, and furthermore may show some malposition of the uterus, preferably a retroversion. Moreover, the finger finds the os patulous or torn, and bands of adhesions posterior to the uterus, or thickening on one or both sides of the uterus in the broad ligaments, with tubes and ovaries involved. The diagnosis would now be clear, but we will go still fur-

ther. The speculum reveals the cervix torn and the evidence of a thick tenaceous mucus exuding from the os, eroding it and giving rise to the idea of ulceration. The sound, if used, will confirm our diagnosis of position, as well as to show us an inflammation of the uterine mucosa, viz., an endocervicitis or endometritis. This, then, being the history of a majority of cases for which I said that they would have amenable to prophylactic treatment, I can only explain as follows: By this I mean to say that if the following rules were carried out, they might not occur. These rules are, first, absolute aseptic treatment to prevent the entrance of any morbific agent; and, second, repair of any lesion of the genital tract of the woman as soon as it may occur.

I am persuaded that the carrying out of these two precepts would prevent the occurrence of fully three-fifths of the cases which now are met with under the head of diseases of women.

But, then, if the injury has been done, and the woman is suffering from the results of a non-recognition of her condition at the time of its occurrence, what should be the method of procedure? I am speaking now in regard to the cases such as I have classified as those with periuterine inflammation. If no acute symptoms of inflammation remain, I am convinced by the evidence which I have obtained from experience in such cases that the persistent use of such means to promote the absorption of the products of inflammation by treatment directed to improve the general health and locally the circulation, supplemented by judicious massage, will so loosen and break down bands of adhesion that the final act may be undertaken and a cure affected. I refer now to the use of the curette. This instrument, when preceded by dilation and properly used, and followed by packing and draining, will lead to a cure.

I hold that when we have allayed all inflammation, loosened all adhesions as far as possible, repaired any lesion of tissue which may be present, we should above all by dilatation give free drainage to the uterus, and by the use of the curette remove any possible focus of infection.

To sum up, then, the results of my clinical observation, I may say that—

1. The tendency of all inflammatory troubles in the female pelvis is toward conservatism by binding the affected parts with bands of adhesions, thereby insuring rest.

2. These conditions when present are only benefitted by medicines and local appliances to the extent that they improve the circulation and the general health, and thereby in some degree tend to absorption of these bands.

3. Massage will, if properly used, break up and stretch these adhesions after the acute symptoms have been allayed.

4. Dilatation, curettage and perfect drainage, when in connection with the above means, will prevent mutilation and secure a cure in the majority of cases, supplemented by operations for the repair of lesions of the soft parts.

To Obscure the Taste.

Gymnemic acid is the active principle of *gymnema sylvestris*, the formula of which is $C_{32}H_{55}O_{12}$. It is a greenish-white powder, having a sharp, acid taste; very soluble in alcohol, but slightly soluble in water and ether. When the tongue is touched with it the taste is completely lost for sweet and bitter. The subjects of the experiment are incapable of perceiving the taste of quinine or of sugar, while that of acid, salty, astringent or spicy substances is completely recognized. Availing himself of this fact, Quirine recommends, before administering bitter remedies, that the mouth be rinsed with a twelve per cent. solution of gymnemic acid in alcohol and water.—*Physician and Surgeon.*

PIPERAZINE is not an entirely innocent remedy, and should be used with caution in those who have unsound kidneys.

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in A. O. U. W. Hall, October 9, 1893.

In the absence of the president, Dr. L. M. Powell was elected president *pro tem.*

Dr. J. E. Minney presented a paper on "Gonorrhœal Opthalmia." (See October number.)

DISCUSSION.

Dr. R. E. McVey.—"The constitutional symptoms manifested in cases of acute gonorrhœa lead me to think there is an absorption of pus or some chemical poison. It is possible to eliminate this poison. Benzoic acid seems to relieve this condition. We need some antiseptic remedy. Quinine is antiseptic or anti-fermentive."

Dr. Magee.—"The progress of this disease is very rapid and intense. I don't believe there is a direct absorption. The effect on the deeper structures is because the circulation is cut off and necrosis results. The main treatment is cleanliness. There is danger of infecting the other eye during sleep."

Dr. Lindsay.—"Would suggest the use of hydro-bromate of zinc."

There was considerable criticism on the statement that the gonococcus was found normally in any of the secretions of the body.

Dr. Stewart said that many microbes which were found in the discharge of gonorrhœa were also found in pus.

Dr. Powell.—"The paper seems to be full of deficiencies. The doctor says it is a specific disease. It must therefore have a specific cause, and I believe there is a specific microbe."

Dr. Minney.—"The fact is, we do not know the cause; we cannot tell the true from the pseudo-gonococcus."

Dr. R. E. McVey reported a case of albuminuria of pregnancy with profound anæmia in a woman six months pregnant. There was an acute nephritis, headache and anæmia.

Dr. Stewart.—"Pregnant women bear albuminuria well, and usually recover after delivery. I would not use the potassium salts in such a case. It is too much of an irritant to the kidney epithelium. Milk is the best diuretic. The nutrition must be kept up. Tr. ferri is a strong tonic and nutrient, and a diuretic."

Dr. Ward.—"The tr. ferri is the only diuretic that should be used in such a case. I don't believe such a case can be carried over three months unless relieved immediately."

Dr. McVey.—"I gave tr. ferri, but it did not agree or help the patient. Milk did not agree, and she would not take it. Under the iron and potass. she is better and has less headache. She had an attack of nephritis prior to this. She is suffering now from anæmia.

Dr. J. H. McCasey was admitted to membership in the society.

W. E. McVEY, M.D.,
Secretary.

The Golden Belt Medical Society.

The Golden Belt Medical Society met in Junction City, Kansas, Thursday, October 6, 1893.

There was a large attendance, and the program was an interesting one.

The first paper on the program was read by Dr. J. Block, (see page 323) on "Vesical Neoplasms."

In the discussion of the paper, Dr. S. E. Sheldon said: "We should not eliminate the sound from the examination in many cases. We would be better able to distinguish intra from perivesical growths than by the bi-manual manipulation. I also depend upon the cystoscope, especially in vesical diseases of women."

Dr. Halley.—"It is not always easy to tell the source of hemorrhage when it occurs, or

its cause. A careful diagnosis is therefore very important."

Dr. Block.—"The exceptions taken by Dr. Sheldon are hardly tenable in this paper. The use of a sound should be discouraged when there is evidence of a neoplasm. A cystitis is likely to follow surgical interference in these cases by use of the sound."

The next paper on the program was on "The Uric Acid Diathesis," by Dr. Geo. Halley. The doctor claimed that the symptoms were produced by the storing up of uric acid in the system, and that its rapid elimination was the source of relief. The use of alcoholic and fermented liquors prevents elimination and increases the tendency for accumulation. An alkaline condition is essential for elimination, and those remedies which produce this condition are indicated.

Dr. Block.—"There is a definite relation of one part uric acid to thirty-three parts urea. When this relation is disturbed it is because the elimination is interfered with."

"Clinical Observations in the Treatment of Diseases of Women" was the title of a paper presented by C. W. Adams, M.D. (See page 329.)

In the discussion of this paper, Dr. Felty said: "Menopause as a disease is a myth. It is only a transition. This classification should be included in one of the other classes. I find it impossible to break up adhesions by any treatment. Nothing but surgical interference will do any good."

Dr. Sheldon.—"Amenorrhœa should be included in some other class. It is a condition dependent upon some disease. Many of the adhesions can be relieved by persistant treatment."

Dr. Halley.—"There is a limit to the use of massage in the treatment of inflammatory affections in the reproductive organs of the female. In well-selected cases it is a valuable method. When adhesions are epithelial, massage will relieve. In suppurative inflammation with adhesions, which are of the deep structure, you cannot expect benefit from massage."

Dr. Sheldon.—"In cicatricial tissue we have a low grade of vitality, and so they are more readily absorbed."

Dr. Gunn.—"In the early formation of adhesions they may be absorbed or broken up by massage. After two or three years it is not possible to do so, as this process brings on an influx of blood, increases molecular activity and growth of the tissue."

Dr. LaFevre.—"Adhesions are simply scar tissue. In inflammation, white blood corpuscles are thrown out and these form the fiber of new tissue."

Dr. Block.—"In the cases of inflammation which are simply plastic, massage is beneficial. In the suppurative form it is not beneficial and should not be attempted."

Dr. Adams.—"At the menopause, during the retrograde metamorphosis which then takes place, women are more subject to nervous and other symptoms which we must have a name for. We can by massage make such traction on the adhesions that we can break them up."

Dr. McClintock reported a case of "Suppurative Peritonitis," with operation and recovery. (See October number of JOURNAL.)

A paper on "Anæsthesia," by Dr. Felty, was then presented to the society.

In the discussion, Dr. Block said: "The presence of pus in the urine is not a contra-indication to anæsthesia. The presence of tube casts is not a positive contra-indication, but chloroform is preferred in such cases. In these cases all the preliminaries should be completed before beginning, so as to make the time of anæsthesia as short as possible. Children bear chloroform better than old people."

Dr. Brewer.—"Ether is contra-indicated in Bright's disease, but not in glycosuria. In heart lesion ether should be used; never chloroform."

Dr. Daugherty.—"I never use ether. It is not suitable for children nor for women in confinement."

Dr. McClintock.—"I have never seen a death from chloroform or ether. Pulling out the tongue will not open up the glottis; a better way is to pull the head out or dislocate the lower jaw forward. Don't keep the head lowered, but raise again after

lowering. Don't give injections of ether or alcohol, but strychnine or digitalin."

Dr. LaFevre.—"Both have a paralyzing effect. Ether more on the respiratory center and chloroform more on the cardiac center. Ether is therefore considered safer. Nitroglycerine is the quickest heart stimulant, and is best given hypodermically."

A general discussion of lobor pneumonia was next on the program, but on account of the limited time, only a cursory review of the subject could be attempted, and anything like a general discussion was prevented.

Under the discussion of etiology, Dr. E. B. LaFevre gave the following resume of the differentiation between the pneumococcus of Friedlander and that of Fraenkel.

1. Both are short bacilla, being always longer than wide.

2. Both have envelopes identically alike, and neither ever form a capsule in artificial cultures, but both always do in the body, whether it be human or animal.

3. Both are mostly seen single, but may occur in pairs, having a common capsule; and occasionally they are seen in chains of from three to six, having a common capsule.

4. Both have no voluntary motion.

5. Both are semi-anærobic.

6. The capsule of both bacilli refuse to stain with any medium.

7. Both germs are equally and easily stained by any of the analines.

8. Both admit of no double staining.

9. Both develop no spores.

10. To both, mice are sensative.

11. To both, guinea pigs are very slightly so.

12. Both do not liquify gelatin.

13. Both difficult of artificial culture.

14. Both on gelatin heap themselves above the surface.

15. Both on gelatin present an identical macroscopic picture.

16. Both on potato, produce a thick, yellowish-white, dirty film.

17. Both on puncture inoculation begin to grow uniformly over the entire puncture.

18. Both produce gas bubbles in their growth on almost all substances.

19. Both produce no clouding of bouillon, except in very old cultures, and then equally slightly.

20. Both are found in same tissues and under the same circumstances.

21. Both produce pneumonia when injected directly into the lungs, but neither produce pneumonia when injected into any other part of the body.

22. The symptoms following the injection of both are the same.

23. Both germs have been found in sputa of healthy individuals.

24. Both germs have been found equally alike in connection with cerebrospinal meningitis, otitis, media, etc., and each are equally capable of producing these affections.

25. Fraenkel says: "Both very greatly resemble one another, and have frequently been mistaken one for the other by expert observers."

They differ in that—

1. The cells of the Fraenkel germs are on the whole smaller.

2. The Fraenkel bacillus is very sensative to temperature. It will not grow below 24° C.; while the Friedlander germ cannot be said to be sensative to this agent, as it will grow as low as 16° C.

3. Rabbits are susceptible to the Fraenkel germ and practically not to the Freidlander.

4. On a jar the Fraenkel germ produces a moist, thick, whitish film, while that of Freidlander produces transparent, delicate, exceedingly small drops, scarcely perceptible to the naked eye.

5. Fraenkel's germ can be stained by the Gram method and the Freidlander not.

6. The culture material must always be of a slightly alkaline reaction, if at all acid, or even neutral, germs will not grow; or if alkaline, the same holds good.

ONE of the best remedial agents in palpitation of the heart is a belladonna plaster placed over it.

Eastern Kansas Medical Society.

The Eastern Kansas Medical Society met in Topeka, Kansas, October 12, 1893.

In the absence of the president, Dr. McCandless, the vice-president, Dr. G. A. Wall, presided.

Minutes of last meeting read and approved.

Members present: Drs. Halley, Fryer and Crowell, of Kansas City, Mo.; Dr. LaFevre, of Abilene; Dr. Reynolds, of Horton; Dr. Zane, of Osage City; Drs. Minney, Schenck, Munn, Lindsay, Sheldon, Cannon, Agnes McKee Wallage, McCrea, McClintock, J. P. Lewis, Gilbert, Peers, Mulvane, Ida Barnes, Storrs, Stewart and W. E. McVey, of Topeka.

Dr. John W. Chambers, of the University of Michigan, 1874, residing at Oketo, Kansas, was elected a member of the society.

Dr. P. L. Jermane, of Holton, Kansas, graduate of Jefferson Medical College, 1892, was also elected to membership.

Board of censors acting were Drs. Lindsay, Lewis, Sheldon, Cannon and McVey.

Paper by Dr. Reynolds on "Minor Surgery."

DISCUSSION.

Dr. Halley.—"The first thing is to make a wound thoroughly clean. Many physicians forget to clean a wound before applying antiseptics. The doctor spoke of tar soap. I prefer soft soap. It cleanses better and easier."

Dr. Minney.—"If we will care for the little things, the larger operations will take care of themselves. The doctor places great stress upon antiseptics. The use of antiseptics suggests the lack of cleanliness. Asepsis is most important. Soap with water is one of the best cleansing agents we have, but I do not regard it as an antiseptic."

Dr. Munn.—"The main point of the paper was cleanliness and the prevention of germs."

Dr. Fryer.—"There is a great deal to be said in favor of antisepsis. Would ask how, by washing with soap, we can get rid of the germs which are on the surface or in the epidermis."

Dr. Minney.—"It isn't the germ that does it. The antiseptic don't get below the surface either. We clean off the surface and dilute the poison. Antisepsis I do not consider to be asepsis."

Dr. Fryer.—"The doctor misunderstands the influence of antisepsis. Scrape the surface of a wound when the bichloride has been used and test it. You do not get the germ developing, but precipitate the mercury and we do get it."

Dr. Schenck.—"Did we succeed better with our active antisepsis than we did in the years when we let the wounds alone? There is a difference between asepsis and antisepsis. You don't use germicides with any germicidal intent. The thought now is not the destruction of germs, but cleanliness. If the wound is already septic, then you want an antiseptic, but not a germicide."

Dr. Lewis.—"Dr. Senn, in doing an operation on a tuberculous joint, used iodine because it would destroy the germ; he did not use acid. carbol. because it would not destroy. There is something in antisepsis."

Dr. Reynolds.—"The fresh, clean wounds can be dealt with more successfully than dirty wounds. I did not put much emphasis on antisepsis; I know the tendency of surgery is to asepsis, but in the class of wounds I see, antiseptics are necessary. Thorough cleansing is important, and care should be used in cleansing wounds before applying antiseptics."

Dr. Jermane presented a paper on "Fractures of the Ebow-Joint," and exhibited a splint.

A paper by Dr. Peers, on "Infant and Childhood Clothing."

DISCUSSION.

Dr. Minney.—"In the use of the band, care should be used in adjusting the band and not have it too tightly over the stomach."

Dr. Reynolds.—"I have been experimenting with an article of unspun wool which I find very satisfactory. Are not so susceptible to changes of temperature."

Dr. Lewis.—"In applying the cotton to the navel, put the cotton below and turn it back over the cord instead of cutting a hole in it."

Dr. Schenck.—"A large per cent. of deaths in children are due to poor clothing. The bandage should be cut bias; this will prevent pressure on the stomach."

Dr. Fryer.—"Good big shoes for children are very important. High-heeled shoes are doing more damage than any other clothing; the pressure falling on the ball of the foot, presses the toe out, deforming the foot."

A paper by Dr. Halley, on "How Shall We Manage Suppurative Salpingitis."

DISCUSSION.

Dr. Crowell.—"I believe the conservative man is the advanced gynecologist. The doctor says the curette has not been used with benefit. If so, it is because it has not been used early enough or properly. I don't believe it is surgical to aspirate these tubes. You will have adhesions and they will give you more trouble than pus. Many of these pus cases originate in the gonococci, but in these there is little trouble. Aspirating is dangerous and should never be done."

Dr. Sheldon.—"I don't believe in using the word mutilation in connection with suppurative salpingitis. You have not mutilated a women by removing suppurating tubes. I claim we are having better results than twenty years ago. I do not believe in aspirating in these cases; it is very dangerous and seldom a success."

Dr. Halley.—"The remarks of Dr. Crowell are right in the main. There are cases when the conditions are such that they are always fatal upon operations to remove tubes, but do recover from aspiration. It sometimes takes months for recovery, but that is preferable to death by other operation. It is the case when there are large collections of pus, when the operation would be fatal and aspiration successful."

Dr. Fryer presented a specimen of melano sarcoma of the eye.

A committee on nectology, consisting of Drs. Munn, Minney and Schenck, presented the following minutes on the death of Dr. J. W. Redden:

Resolved, That it is with the deepest regret that this society has learned of the death of Dr. J. W. Redden, one of our oldest and most prominent members—one who has done much for medicine, especially prevention and in the broad field of general practice.

Resolved, That in the death of Dr. Redden we fellows lose a friend much esteemed for the professional qualities, loyalty and devotion to principle and nobility of character.

Resolved, That the society, in expressing the appreciation of the high qualities of heart and brain of its departed member, together with its feeling of regret at the loss, desires in addition to extend its deep sympathy to the bereaved family.

L. H. MUNN, M.D.,
J. E. MINNEY, M.D.,
W. L. SCHENCK, M.D.

On invitation of Dr. E. B. LaFevre, of Abilene, Kas., secretary of the Golden Belt Society, who was present, the society agreed unanimously to meet in joint session with the Golden Belt, in Topeka, the first Thursday in January, 1894, to have two sessions—an afternoon and evening.

R. S. MAGEE, M.D.,
Secretary-Treasurer.

PASSOWER is of the opinion that the long-continued use of morphine by females leads to atrophy of the generative organs. He cites two cases in which within two years the intra-uterine measurement was reduced from 3.1 to 1.9 inches. It is true that some medicines seem to have an affinity for certain organs, but the probability is that the pathological condition present was the cause of the diminution of the organ.

PHYSICIANS sometimes boil the hypodermic injection of morphine to render it aseptic. In so doing it should be remembered that there is a loss of its narcotic property.

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TOPEKA, KANSAS, NOVEMBER, 1893.

Germicides.

The medical profession undergoes a transition in every decade at least. Five years ago it was considered malpractice by many for a surgeon to do an operation without using germicides, no matter whether there was a septic element to destroy or not. It has now been demonstrated that these same antiseptic agents are capable of doing harm and of setting up destructive processes in healthy tissue. We take the position, then, that for an operation in healthy tissue there is no indication for the use of germicides, but on the contrary by their use harm is likely to be done.

Some three years ago Dr. Welch and his assistants of the Johns Hopkins University made a report, which was given in the *Medical and Surgical Reporter* at the time, in which he proved by numerous experiments that the use of bichloride was more harmful than beneficial. If the solution be of sufficient strength to have any effect upon germs already there it will cause necrosis and prevent healing of the wound as well as produce a better nidus for the production and operation of the micro-organism.

Dr. Vance, of Louisville, Ky., says: "Two years ago I ceased the use of germicidal solutions, particularly in fresh wounds, and have lately ceased to use them at all, even in suppurating conditions. I have found in my practical work that since I ceased the use of sublimate solutions I have had much more uniformly good results by using simply sterilized water."

The use of sterilized water in abundance should be relied on and not germicides in the sense of a solution to kill or destroy this low form of animal life, but washing it away and diluting it by getting rid of whatever poisonous substance there may be, whether organic or inorganic, in this way. Boiling the water more than sterilizes it. By sterilizing is understood "the deprivation of vitality of all organisms or germs in or on a surface, a fluid or a substance by heat or other disinfectants."

Boiling the water not only sterilizes it, but permits the escape of noxious gasses and changes the form of the organic substances, rendering them harmless, and otherwise unhealthy water to potable water.

We believe the consensus of surgical practice is to do away with antiseptics and rely upon asepsis—cleanliness.

DR. WOOD has succeeded in preparing some forms of gold other than the chloride of gold and sodium, viz., liquor auri et arsenii bromidi and liquor of gold and mercuric chloride. He must now tell us the indications for its use and how it is made. We know one indication for its use: that is in plethoric anæmia, where there is abundance of wind and lack of finance. We have it ourselves and it reminds us of the encouragement Ben Butler gave a wounded soldier who had gangrene. "Gangrene," said Butler, "why man that's awful dangerous; it always kills a man or leaves him demented. I've had it myself."

True Isopathy.

According to Dr. Freeman, in the *N. Y. Medical Times*, "'True Isopathy' consists in the administration of the organs of healthy animals for the relief of diseases affecting the same organs in the human being."

Dr. William A. Hammond during the present year has given his experience with cerebrine or brain extract, and "cardine," heart extract. He claims some good results, but the chances are it is another Brown-Sequard fad. We are told that some fifty years ago Hermann published a book on "True Isopathy," and advocated "Hepatine," a liver extract for diseases of the liver; "Lieuine," a preparation from the spleen for enlargment of the spleen; "Renine," a tincture prepared from a healthy kidney for kidney disease; "Pulmoline," from the lung for pneumonia; "Deutine" for toothache.

The same theory would suggest "Umbilicine" for diseased umbilicus, "Testiculine" for small testicles, "Abdominine" for a bow window, and "Fæcine" for scybala.

We do not theorize in sarcasm, for investigation is necessary to progress, and in no other field more than in medicine. But the facts do not warrant the claims made for these organic extracts. The good results are due almost, if not entirely, to "suggestion" or the expectant treatment or mind cure, if you prefer the latter names. It looks like we are reverting to ancient practice, to the time when the white cap of the hen droppings was made into tea to cure the colic. There was some reason, too, in such treatment, for the white cap is composed principally of lime, and the lime water neutralized the acidity of the stomach and was antiseptic. But it would be cleaner, more palatable, less repulsive and offensive to the sight and olfactory sense to have made some tea of the lime before it passed through its intestinal meanderings.

There are many things in medicine having a grain of truth in them upon which theories can be built, but the wires of the beautiful web will cross and the excited motor will fail to work out the promised result.

The Size of the Dose.

It is hard for the practitioner of regular medicine to realize that ipecac or turpeth mineral are other than emetics; that aloes and sulphate of magnesia are anything but cathartics. But ipecac is one of the best agents to soothe gastric irritation. From one-sixth to one grain of the pulverized root, given every twenty to thirty minutes, will often check nausea and vomiting. It also acts upon the liver, and is a mild cathartic; not only is gastric, but intestinal irritation, benefitted by its use, and it has long been employed in dysentery. Large doses are advised, but given in this way it is difficult to prevent vomiting. When given in small doses and frequently repeated, it produces the desired result without the unpleasant effect. It also acts as a diaphoretic and expectorant. Tartar emetic, given in minute doses from one-sixtieth to one-tenth of a grain, is one of the best expectorants.

A large number, if not all, of the drastic cathartics, when given in very small doses, are tonics. Fowler's solution of arsenic, such an irritant poison, when given in one-tenth to one-fourth drop doses is soothing to the mucous membrane of the stomach. In fact, it is but few therapeutic agents but what have a two-fold action, and the physician who does not remember this and act upon his knowledge employs but half the power for good contained in the drug. From one-tenth to one-sixth of a grain of calomel, taken three times a day, increases the red corpuscles of the blood and is an excellent tonic. In chronic malarial disease, where quinine will not break up the periodicity, one-fourth to one grain of calomel, given three times a day in connection with the quinine, will often break it up entirely.

BROMOFORM in whooping-cough is advocated by Burton-Haning.

Artificial Feeding.

A writer in the *Medical Era* suggests that a piece of clean, pure linen be put in the rubber nipple so the child will have to work for its living. The ordinary rubber nipple permits the milk to flow too freely, and it is cascaded into the stomach too rapidly. This is a little thought with a wide application.

The Cow.

The *Medical Record* queries: "May it not be that after all the cow is the greatest enemy of mankind, and that without the cow there would be no tuberculosis? The history of Japan, which is a cowless country, favors in a measure this view."

We are in receipt of the proceedings of the Kansas State Medical Society, twenty-seventh annual session. It is a creditable report, but it is unfortunate that the discussions were not reported. It is impossible for one secretary to do the work, and Dr. Purdue deserves credit for the report. The discussion of a paper is often more instructive, brings out more salient practical points than the paper itself, and at our next meeting, with two secretaries, no doubt but what the proceedings will be reported in full.

Charcot's biographer said of him: "Like a vanished star, whose rays continue to shine in space, his great mind will continue to shine down through the ages by the light which he shed while on earth."

Large doses of bicarbonate of soda increases the gastric secretion. This is why large doses of the soda, taken by patients who have a deficient gastric secretion, is beneficial.

In our notice of the changes in the Kansas Medical College last month we omitted to mention the change in the chair of chemistry. This chair is completely filled by Dr. D. B. Colcord. He has had a great deal of experience in teaching, having taught in the E. M. C. Seminary, Bucksport, Maine, his native town, and in the State Normal School, Cedal Falls, Iowa, and in the Wayne county normal, Pennsylvania. The doctor is giving excellent satisfaction, being both interesting and instructive.

In renal colic we are in favor of using atropia in connection with the morphine injection. The atropine, it is true, counteracts the effect of the morphine to a certain extent, but both are anodynes and it is much safer to use the atropia with such large doses of morphia as are usually required in such cases.

The process of lymphatic absorption, which has been regarded as dependent on purely mechanical causes, is, according to Dr. Sanderson, in a great measure due to the "specific energy" of the cells, for "vital principle, the specific energy of cells," is substituted.

The banana is a starchy food, classed with the potato. This should be remembered in prescribing a diet in which starch is not desired.

Caffeine, given with acetanelid, will overcome the depressing effect of the latter it is claimed. Camphor is equally good.

Lime water and pepsin should not be prescribed together. The lime water neutralizes the effect of the pepsin.

Homeopathic and Regular Physicians.

The following statistics from an editorial in the Cleveland *Medical Gazette* show the percentage of homeopathic physicians to the regulars in the various cities: Cleveland, O., 139 out of a total of 627, or 20 per cent.; Cincinnati, 53 out of a total of 723, or about 7 per cent.; Columbus, 20 out of a total of 359, or about 6 per cent.; Indianapolis, 12 out of a total of 320, or nearly four per cent.; Chicago, 348 out of a total of 2,700, or 12 per cent.; Detroit, 59 out of a total of 482, or 12 per cent.; St. Paul, 26 out of a total of 200, or 13 per cent.; Minneapolis, 46 out of 328, or 14 per cent.; Pittsburgh, 54 out of 383, or 14 per cent.; Allegheny 17 out of 156, less than 11 per cent.; Philadelphia, 346 out of a total of 2,380, or 14 per cent.

The Use of Milk in Bright's Disease.

Although it is true that many physicians have widely divergent views as to the diet which certain cases of Bright's disease should receive, and while some of them insist very strenuously upon an absolute milk diet, there are others who go even farther than this and direct that the milk which the patient receives shall always be skimmed. It is not our intention to discuss the relative values of the various dietetic measures which have been instituted, nor indeed of the milk treatment of this condition, but we desire to call attention to an error which, we believe, underlies the administration of skimmed milk in such cases. The main object of all dietetic treatment of Bright's disease is to prevent the ingestion of excessive quantities of nitrogenous material, and theoretically even the nitrogenous principles of milk are harmful. Practically, of course, it is necessary that the patient should receive food containing nitrogen, and milk is therefore used as the best food which we can obtain. If the milk is skimmed, one of the most nourishing principles of it is taken away from the patient, and the part that is taken away contains practically no nitrogen as compared to what remains, and is therefore the part above all others which will do most towards nourishing the patient. We believe, therefore, that whole milk should be given to cases of Bright's disease rather than skimmed milk. It is, however, not to be forgotten that one good reason for removing the cream before giving the milk to such cases is that the fatty material sometimes disagrees with the patient's digestion. This can practically always be avoided by the administration of pancreatin or, better still, by diluting the milk until the proportion of fatty material to liquid is so diminished as to make indigestion from this cause an improbability. The milk may be either diluted with plain soda water or Apollinaris, or with Vichy, preferably the two first. The carbonic acid gas seems at once to aid digestion by stimulating the stomach, and perhaps by aiding in the breaking up of the curd.—*Therapeutic Gazette.*

A CASE of malignant disease of the tonsil was reported to the Cincinnati Academy of Medicine, September 11, by Maximilian Herzog, M.D. This is a very rare affection, only about 100 cases having been recorded. This case is a man seventy years of age. Has been about two months developing. A microscopical examination shows it to be a carcinoma. No operation was permitted.

A LAW in Germany requires that all drugs intended for internal use be henceforth put up in round bottles, and those for external use be placed in hexagonal bottles. This enactment is precautionary against poisoning.—*Cincinnati Lancet.*

THE primordial lesion in neurasthenia, "according to Bouchard," is dilatation of the stomach. This condition he claims exists to a greater or less degree in all neurasthenics.

Infidelity in Medicine.

Who is to blame for much of the skepticism in medicine by the populace? The doctors themselves. Dr. O. W. Holmes is reported to have said "That if all the medicines in the world were emptied into the sea it would be infinitely better for mankind and infinitely worse for the fish."

Alonzo Clark, M.D., said: "All curative agents are poisons, and, as a consequence, every dose diminishes the vitality."

John Mason Good, M.D., F.R.S., says: "The science of medicine is a barbarous jargon, and the effects of our medicines upon the human system, in the highest degree uncertain, except, indeed, that they have destroyed more lives than war, famine and pestilence combined."

This latter statement may be true, but it is not the fault of the drugs, but the fault of the men who used them. It is true we must depend largely upon nature to cure, but the following from Dr. Ballard in the *Medical Review* expresses the thought to our mind. He says: "There has been a great deal of flippant talk about the power of nature to cure, and this talk has been indulged in many times, doubtless, without stopping to consider what nature is or what are her powers. We believe in the power of nature to cure and her power also to kill. All powers belong to nature, but not always do these forces obey her will. It is only when these forces are disobeying or are diminished that we should interfere. There is a class of negative minds who think they must believe what they are expected to believe; who have an excess of veneration or reverence for current opinions of society and the age in which they live."

When Symon says "Thumbs up!" theirs turn up; and when he says "Thumbs down!" down go theirs.

Great men make mistages. We form our opinion of anything by its relative or comparative qualities or position, therefore if our ideal conceptions as to the power which drugs possessed to cure disease have raised too high our expectations, when we become acquainted with the real limitations of their power, we estimate them as far below their real value. If, then, it were true (which in a certain extent it is) that men, as they grow older, lose confidence in drugs, it is because the active imagination of youth had clothed them with magic and specific attributes which makes real qualities seem as nothing in comparison.

That we lose confidence in drugs in one sense may be true, but as one illusion after another disappears as years roll on, we find, alas! there are few things in life in which we have not lost confidence; at least we have not modified our opinion in regard to. It would be more correct to say that we do not value drugs less, but other things more, relatively. These drugs or poisons do not remain in the system, but are soon expelled by some organ or organs, and by the increased functional action of these organs their strength is increased. To be sure, the increased action, requisite for expelling the poison, absorbs some vitality, but vitality is not a fixed quantity and nature returns the amount expended with good interest.

It has been said, "Drugs do not cure disease." What is it to cure? I consider this a relative term. One can cure a little or can cure still more, or can cure until the patient is well. The Irishman who presented his bill for "curing your wife until she died," was correct in his expression. So far as a drug or person by any means does something for the sick, one that makes it easier for nature to throw off the disease, so far he cures, whether the patient lives or dies.

We believe in the power of nature to preserve and its power to destroy, and it is our duty to make the best use of the knowledge we possess, and by every means control and direct these processes. We are relying as implicitly on the "Vis Naturæ," even exhibiting in a greater degree our faith in nature by active interference in behalf of the sick one, than by waiting and doing nothing. We often hear the farmer speak of raising a crop. He cannot make a blade of grass grow. Nature only can do that; but by studying the ways of nature and observing the conditions under which the best

results are obtained, he can do much in assisting. You don't hear a farmer talk about adopting the expectant treatment in conducting his farm or garden, though you will find many farms and gardens that evidently have been treated according to that wait-and-do-nothing system. Drugs are to the physician what the tools are to the mechanic, and in dealing with the complex conditions, which we call disease, we select the drug to do one work, and another to do a work quite different. The carpenter does not use a hatchet to make a board perfectly smooth, but a plane. With our drugs, as well as by other means at our command, we may remove many a gross obstruction which could not otherwise be removed, and this being accomplished, the finer forces of nature can do the rest. Our crude medicinal and chemical forces, directed by intelligence, can as well serve a needful aid to nature in dealing with a sick person as in cultivating our farms and gardens.

It has been claimed that many symptoms are simply manifestations of the efforts of nature to cure, and therefore should not be restrained, but we should wait for nature to discontinue her efforts in that direction. Certainly every symptom is natural under the existing circumstances, inasmuch as it is the result of nature acting according to reason or the eternal necessity of the case. Although the symptom is not the disease and moreover a perfectly natural phenomenon, many symptoms lead eventually to conditions which constitute disease, therefore the wise physician will continue to treat symptoms, and by so doing hope to break the long chain of cause and effect. Because we cannot, unfortunately, always go back to the first cause and remove that, it is no reason why we should not arrest any one or all of the resultant causes. Undoubtedly some symptoms are the manifestation of nature's efforts to cure, but it does not follow, therefore, that they do cure or tend to cure. They may be highly detrimental. Nature's forces, obstructed in one direction, naturally flow towards the point of least resistance, and from being preservative and constructive, they may become destructive.

Nature is sufficient in times of peaceful obedience. It is different, however, when the forces of dissension and destruction, whether arising in the body or assailing it from without, threaten to overturn the peaceful government of nature. She at once brings to her defense her reserve powers, drawn from every available source, and the potential energy in drugs is as much a legitimate resource of nature in overcoming the insurrection in the body as the latent energy in gunpowder and dynamite when used by a government to repel a foreign enemy or in internal dissension to compel obedience to a rightful authority.

THOSE little irritable painful ulcers of the mouth and mucous surfaces are best overcome by Fowler's solution of arsenic. Three drops should be given in water three times a day after meals. The dose should be increased one drop a day until a slight sensation of nausea is produced, then drop back to five drops and increase again until within a drop or two of the maximum dose. The arsenic should be continued for a month or until the ulcers are cured, resting three or four days in each month's treatment.

WHAT shall I feed the baby? Milk. When a baby must be fed on other than the mother's milk, cow's milk should be given first. Should it disagree, cream one part and water two parts, sweetened to taste of mother's milk, is the best substitute. Sometimes we know that the artificially-prepared baby foods, such as Mellin's, Nestle's and Carnrick's are seemingly best tolerated and agreeable; but in the vast majority of cases the milk and cream, properly prepared, is the only food required.

REMEMBER that it is not so much the obstruction in the lung in pneumonia that increases the heart's action and the respiration as the poison of the disease upon the cardiac and respiratory centers.

A Hospital for the Care of Epileptics.

"Within a month the first state hospital for the care of epileptics in the world will be opened at Gallipolis, Ohio."

This announcement merits a word of admiration for the wisdom and foresight of the state of Ohio.

This state has 800 epileptics distributed among its various county infirmaries and jails and state insane asylums. The plan it has adopted for the separate care and treatment of these unfortunates is the only one which suggests a probability of success. They are a menace to society, a burden to themselves, and it is most humane and just that society be protected and the afflicted cared for.

Faith in Medicine.

There is virtue in drugs properly administered, but faith cannot be put aside. Faith serves the oculist as well as the physician. A few days ago one of our patients, an intelligent gentleman, called to have his lenses changed since they were paining his eyes very much on use. In due time the new lenses came and the old lenses taken out, but by mistake the same old lenses were put back in the frames. He put them on and said they were a great improvement on the old ones. When at home he told his wife everything looked so much clearer with his new lenses, and they were so easy on his eyes. In a short time the mistake was noticed and he was telephoned to come to the office, when it was explained to him how the mistake was made, and the new lenses were put in. The joke was too good; he had to tell his folks. He is now firm in the belief that faith has a wonderful effect over the body.

STRYCHNINE is a better heart tonic in pneumonia than digitalis.

A New Anæsthetizer.

Dr. Adsit, in the *Record*, claims that it is wrong in practice to shut out the air, as is usually done in giving ether. Usually a towel is placed in a cone of paper and the ether poured on it, and the cone is held tightly down over the face, excluding the air almost entirely. In this way the patient is asphyxiated more than anæsthetized. He claims that a patient requires as much good air while taking an anæsthetic as any other time, and that the air should not be excluded as is usually taught.

To avoid the bad effects of ether he gives the following rules: "First, begin the administration with air, lightly charged with ether; second, always permit all the air necessary to sustain life comfortably. By this I mean as much as the patient would require were he engaged in his usual pursuits."

The foregoing may be correct theoretically, and it is true that enough air must be admitted to sustain life, but aside from this the other directions are practically visionary. Proper care must be exercised in giving an anæsthetic, but the least possible quantity administered and in the shortest time have given us the best results. The blood changes are less, recovery from the anæsthetic is quicker, and in ether the kidney complications are reduced to a minimum.—ED.

TURPENTINE emulsions are used a great deal in typhoid and in low forms of fever with good results. But in some cases there is an idiosyncrasy to its use and stranguery of the kidneys may be brought on.

IN case of poisoning by any of the preparations of opium, atropine is the antidote. It is safe to inject hypodermatically from one-sixtieth to one-thirtieth of a grain at one dose in the beginning.

Tri-State Medical Society.

We are indebted to Dr. Frank Trestor Smith, of Chattanooga, Tenn., for a report of the meeting of the Tri-State Medical Society. We have made a few extracts from the report which may be of special interest to our readers.

"Recent Observation of Croupous Pneumonia, with Special Reference to Prophylaxis and Treatment," by R. M. Cunningham, Birmingham, Ala.

This paper was largely statistical, based on an epidemic among the convicts at Pratt Mines.

Conclusions.—1. An unusually severe, general and fatal endemic of croupous pneumonia at this prison, coming on without apparent cause and ending, practically, abruptly. 2. That more than double the percentage of negroes was attacked when compared with the whites. 3. That it affected alike all ages. 4. That it attacked the robust and strong the same as those in more or less bad physical condition. 5. That it affected those who worked outside the same as those that worked inside the mines. 6. That an unusually large number were suddenly and violently attacked. 7. The pulmonary tissue involved. 8. The unusually high temperature, fast pulse and respiration. 9. The low mortality, considering extraordinary severity of the endemic, and the character of the patients.

For prophylaxis, disinfection was tried by washing the cells with a solution of bichloride and steaming the bedding. The epidemic abruptly terminated and there have been no cases since, the author believes as a result of the disinfection. Treatment consisted in the administration of stimulants and antipyretics in a majority of cases. For shock a solution of common salt was injected hypodermically (hypodermoclysis), one dram to a pint of sterilized water. This he believes will prevent antimortem clots, and is a remedy for shock. Specimen of antimortem clots were presented. He concluded strychnine was the best stimulant; baths the best antipyretic. Quinine and antipyrine have no place in the treatment of the disease.

"Membranous Croup, with Report of Cases Treated by Tracheotomy," by R. M. Harbin, Calhoun, Ga.

Conclusions.—1. Membranous croup is almost invariably fatal without surgical treatment, and with medicinal treatment but little can be hoped for. 2. Any hope for an expectant plan of treatment is nil, and for the few cases that recover without surgical treatment don't demand a consideration. 3. Tracheotomy is a justifiable surgical procedure, and should be performed in all cases where our therapeutic resources have been exhausted and the patient is in danger of suffocation. In hopeless cases it affords a chance for recovery or promotes euthanasia. 4. Statistics would be better if infectious diseases were eliminated, as diphtheria, etc. 5. Tracheotomy keeps the patient alive until the pseudo-membrane resolves into a muco-purulent liquid and is expectorated through the tube. 6. In all human certainty the cases reported would have died without the operation. 7. The importance of after-treatment in keeping tube moistened with lime water and the room at an equable temperature. 8. Tube should not be removed until purulent nature of sputa ceases, which is about eighth day. 9. A lack of instruments is no excuse for the non-performance of the operation, as a tube only is necessary in addition to general operating instruments.

"The Treatment of Stone in the Biliary Ducts," by W. E. B. Davis, of Birmingham, Ala.

He advocated in those cases, when it was difficult to remove the calculi from the common duct without incising the duct, after making the incision if it was very difficult to stitch up the duct, and if the patient's condition would not warrant a long operation, to introduce a glass tube and pack around it with iodoform gauze without attempting to repair the duct. These cases are usually in a bad condition to stand a prolonged operation.

REMEMBER our job department.

LITTLE blisters on the cornea or conjunctiva (phlyctenular keratitis and conjunctivitis) are best treated locally by dusting them with chemically-pure calomel. The patient's health and hygiene must be looked after also. After dusting the calomel on the sore, a small quantity of cocaine ointment (grs. i, vaseline ʒ i) applied to the eye will relieve the unpleasant effects of the calomel.

Some Recently-Introduced Reactions to Detect Albumen.

Dr. B. Vas has contributed a careful paper on this subject to the *Ungar. Archiv. f. Medicin.*, 1892. His main points are:

1. The trichloracetic acid test. To about one-half drachm of filtered urine, 15 drops of a 30 per cent. solution of trichloracetic acid are added. If albumen is present, a cloudiness occurs, more or less marked, according as more or less albumen is present. This test will detect albumen when not more than .002 per cent. is present. According to Vas, the limit for the test by boiling is .005 per cent. If the urine be rich in urates, a cloudiness may occur, but this disappears on warming.

2. The sulpho-salicylic test. Vas employed a 20 per cent. solution of this substance, of which he added a few drops to the urine. If the albumen present reached .002 per cent. in amount, a distinct cloudiness occurred. This test is more delicate than the acetic acid and ferrocyanide of potassium test. The only normal or abnormal substance besides albumen precipitated by sulpho-salicylic acid is albumose.

3. The acetic acid and corrosive sublimate test. A few drops of a mixture of 1 part of dilute acetic acid with 6 parts of 1 per cent. solution of mercury perchloride are added to the urine, when a cloudiness occurs if albumen be present. This test only shows albumen when it amounts to .06 per cent., and causes a turbidity even when no albumen is present.

4. The acetic acid and sulpho-cyanate of potassium test. This test solution consists of 100 parts of 10 per cent. sulpho-cyanate solution and 10 parts of dilute acetic acid. A turbidity occurs in urine whose albuminous constituents do not exceed .004 per cent. This re-agent has no effect on any other urinary constituent.

Vas describes several other tests, but considers them inferior to those described. Of these he assigns the first place to sulpho-salicylic acid, and the second to the acetic acid and sulpho-cyanate test.—*Centralblatt f. inn. Med.*, 1892, No. 43.

The N. E. K. M. & P. Association.

This society met in Wetmore, October 10, 1893.

During the proceedings, Dr. L. P. Paddock favored the society with a discussion on "Internal Diseases of Children." He said: "The etiology is improper hygiene, sanitation and diet resulting in the development of a pathogenic germ that produces the disease." For treatment he recommended correction of these improper conditions and use of antiseptics and small doses of calomel. Chloral hydrate in combination with tr. opii camph. often acts favorably.

Dr. Sheldon.—"The management of the case depends upon whether the child is receiving natural or artificial food. If the former, the mother's milk may be the sole cause from improper or insufficient nutrition, or from pregnancy or too long lactation, all of which may be corrected through the mother.

"If child is fed, regulation of diet, thorough antisepsis of alimentary canal, as has been indicated, are very important and will oftentimes accomplish much. Opiates should be given very sparingly to children. I depend very largely upon listerine, either alone or in combination."

Dr. Graham advocated correction of diet and irrigation of lower bowel with starch water and tr. opii.

Dr. Haigh advocated the sulpho-carbolate of zinc.

"Electricity with Iodine in the Currrent

Locally and Creosote Internally in Diseases of the Lungs," by Joseph Haigh, M.D.

DISCUSSION.

Dr. Sheldon.—"I have used the iodides in incipient tuberculosis with the happiest results. I do not claim that the iodides or electricity are germicides, but they improve the general health and aid in the formation of new tissue around the diseased parts and establish a resistance to the further progress of the disease."

Dr. Sheldon presented a paper on "Abdominal Surgery," and Dr. Paddock discussed typhoid fever.

The next meeting will be at Netawaka.

GEIGEL says that more illegitimate than legitimate children suffer and die from diseases of the alimentary canal, but that more legitimate children die of diseases of the respiratory tract. Bad food and irregularity of feeding accounts for the former, and coddling and keeping them in doors—in other words, over-care—accounts for the latter. The more intelligent class of people are remedying this defect to a great extent as well as the reform in dress.

SICKNESS at stomach with coffee ground vomit in either acute disease or low forms of fever is a grave symptom. But a careful inquiry should be made of nose bleed or of blood found on the handkerchief after blowing the nose, especially in the mornings. With a history of blood from the nose, the chances are it came from the posterior nares and passed down the œsophagus into the stomach during sleep.

DR. W. S. JONES, in the *Western Medical and Surgical Reporter*, recommends the following for gonorrhœa:

Boric acid	℥ iss
Tr. iodine	℥ ij
Glycerine	℥ i
Aquæ dist.....q. s.	℥ iv

Inject night and morning.

DISEASES OF RESPIRATORY ORGANS.

Climatic Consumption Cure.

Consumption is the most prevalent disease in the United States, and the entire country has awakened to two important facts—consumption is contagious and the climatic remedy is the only one worth attempting.

In evidence of the first of these propositions it may be stated that but recently, at Philadelphia, the county medical society petitioned the board of health to isolate consumptives because of the infectious character of the disease. The legislature of Michigan had already endorsed this view, as did the world's medical congress at Washington, D. C. It is even claimed by Dr. Frick and others that by the practice of isolation the spread of the disease has already been curtailed, and the number of victims lessened.

But isolation offers no benefit to those who have already been attacked, and for them the climatic cure is the only hope proposed. Hence it is that the movement is spreading in the states for the deportation of consumptives, the sending of them to the restorative climate of the Rocky mountain country; for thereby the east is relieved of their dangerous presence, and they are given the one only chance of recovery.

The Pittsburg *Chronicle* says:

"The physicians of Massachusetts have been discussing consumption with more than ordinary interest for some time, and the great majority of them have recently declared their belief that the disease is a contagious one. The first result of this declaration has been the formation of the Invalid Aid Society at Boston with the object of sending persons afflicted with consumption to places where the air has a curative effect. The promotors of the society argue that the deportation of consumptives—the aiding of those unable to pay their own way—is not merely an act of benevolence, but is also in the nature of self-protection,

and they appeal for contributions on this ground.

"Consumption is a disease which claims an awful number of victims annually, and it is especially a scourge in New England. The efforts now being made in Boston to enlist public sympathy and aid in deporting sumptives unable to pay their own fare to the dry climates where they may regain health and perhaps become self-supporting, will be watched with interest in other parts of the country, for consumption, unhappily, is not confined to the New England states."

In the same connection, we quote from the *Field and Farm:*

"Dr. Mary E. Bates, of Denver, wishes to buy or lease state land for the purpose of establishing a home for consumptives. The plan is to secure agricultural and fruit lands, so that the institution may become self-supporting. Register Childs replied to Dr. Bates to the effect that the state is not selling any land except under the most profitable conditions, but that a lease can be secured reasonably."

Now, there is little doubt that the movement begun in Boston will extend to every part of the country where consumption prevails; and the Rocky mountain region, especially the warmer parts of it, for the next few years will be perfectly inundated by those afflicted with this disease. The question then will be: "What shall we do with them?"

The majority of these new-comers will need to make their own living. They cannot be furnished with occupations in town; nor indeed would it be safe to other citizens to have too many of them congregated in the different cities. What, then, shall be done? Evidently Dr. Bates' plan is the best. Sanatariums can be formed in the country, where the patients can have the air, exercise and sunshine, which are imperative, and where they can make, or largely assist in making, their own living.

An improvement in the scheme would be, as suggested in a communication in this issue, for the different states or invalid aid societies, to establish these sanitariums before they deport their invalids, otherwise the aid societies will be inhuman, and the promoters will be open to the charge of looking after their own safety and not the good of the afflicted. Our medical societies and writers should take up this matter and urge on the societies of the east the importance of making arrangements for their sick at this end of the line.—*Las Vegas Optic.*

We quote the above as showing the interest recently awakened in the minds of the people in whatever may present itself bearing a semblance to a possible means of preventing the ravages of consumption; but the question arises as to how much of the possible there is in this suggestion. In the first place we must agree with the first proposition, *i. e.*, "consumption is contagious." Being so, it seems to us rather visionary to propose to reduce the mortality by unloading infected persons from one populous district upon another. It is doubtless true the death rate would be greatly lessened in the one part, but how about the other?

The aggregation of a large number of tuberculous patients in one territory, no matter how perfect the climatic conditions, would, it seems to us, only augment the element of infection.

Can it be demonstrated that the climate of California, Colorado or New Mexico will destroy the bacilli of tuberculosis? On the other hand, does not the dryness of these atmospheres, by its dessicating effect upon the sputum, load the air with infecting material, the materies morbi of consumption? Without considering the effect of such a germ-ladened atmosphere upon the healthy portion of the population, we question very much its efficacy to cure the disease. It seems to us the possibility of auto-infection, or, rather, a continued infection, must outweigh all advantage that might be gained from climatic influences.

The condition of some of the older health resorts and the apparent wearing out of their curative influences is no doubt due to an infection of the atmosphere by the expectorations from hundreds or perhaps thousands of consumptives.

The erection of sanitariums for the care

of consumptives is a most commendable scheme, but even then the climate must be only of minor importance. Unless means were employed to render the air in such institutions thoroughly antiseptic, all the depressing influences of bad hygiene carefully prevented, and a regular and systematic course of feeding adopted, the results of such a plan would be nil.

The transportation of consumptives from one part of our continent to the other is already a matter of serious import, and if this transmigration be increased to the extent which would naturally follow the plan proposed, it would become a very serious matter indeed. Separate cars and special means for fumigation would become a necessity.

Upon such a basis we can see no reason for locating all such institutions in one locality. A sanitarium in Massachusetts, with the proper equipment, would furnish equal facilities for the cure of consumption with the one located in Colorado or California, and would afford the additional advantage of isolation completely. We certainly favor the plan of erecting sanitariums for the cure of consumption, but we believe there would be no advantage in the state going outside of its own territory for a building site. We are firmly grounded in the belief that consumption is a curable disease, and we believe the sanitarium treatment, if it be carried out on the line we suggested, will yield the best results, whether it be adopted in one part of the country or another.

Diphtheria.

Now that it has been determined that diphtheria is caused by the Klebs-Loeffler bacilli, we ought to be careful to make an accurate diagnosis. Much inconvenience and unnecessary alarm is caused by the uncertainty, perhaps carelessness, of practitioners. Every sore throat that exhibits a well-formed membrane is not diphtheria by any means. Oftentimes the constitutional symptoms accompanying an attack of folicular tonsillitis are as severe as those belonging to diphtheria. And we are prone to think there is also a contagious element in the disease, though not so active nor so dangerous in its results as diphtheria. The question arises, are we justified in subjecting our patients and their families to the annoyance and inconvenience of a rigid quarantine without first employing every means at our command for the positive diagnosis; and, on the other hand, without the proper care in diagnosis we may ignore the disease in its early stages with a consequent disastrous result to our patient and the propagation of the disease to others. In true diphtheria the bacillus always occurs in the pseudo-membrane and upon the contiguous inflamed surface. The presence of the Klebs-Loeffler bacillus may be easily determined by the microscope, and a positive diagnosis made. It is not always possible for the busy practitioner to make the necessary examination, and the boards of health should make some provision for assisting in this matter. In some of the eastern cities tubes containing a culture medium for the development of the bacilli are furnished physicians free of cost. These are inoculated by the attending physician and returned to the board, who make the necessary examination. The expense is small and the result is that the per cent. of cases of true diphtheria is much smaller than has been previously reported. Only a small number of suspected cases proved to be true diphtheria.

This method would add but little to the trouble of the boards of health and greatly diminish the cost of their maintenance.

OXALIC acid is recommended by Poulet as an expectorant in asthma, capillary bronchitis and tuberculous bronchitis. He recommends the following formula:

Oxalic acid	℥ ss
Infusion tea	℥ vi
Syr. bitter orange peel	℥ ij

Sig.: A teaspoonful every hour.

Treatment of Pleurisy with Effusion by Local Applications of Guaiacol.

Dr. Casasovici, chief medical officer of the Military Hospital at Roman (Roumania), and Miron Sigalea, report that they have obtained excellent results in several cases of pleurisy with effusion from the enepidermic applications of guaiacol recently recommended by Dr. S. Sciolla for their antipyretic effect (*The Medical Week*, 1893, Vol. 1, pp. 179 and 324).

Drs. Casasovici and Sigalea have modified Dr. Sciolla's method inasmuch as they do not employ the pure guaiacol in cases of pleurisy, but a mixture of guaiacol and tincture of iodine prepared according to the following formula:

℞

Guaiacol.....℥ j
Tinct. of iodine.....℥ vj

M. For external use.

An ounce of this mixture is painted every night over the whole of the posterior aspect of the affected side. These applications are followed by a marked fall of the temperature with profuse perspiration and increased diuresis, resulting in rapid absorption of the effusion. The treatment was especially successful in a case of left pleurisy with considerable effusion, in which aspiration had been attended by no improvement whatever. On the contrary, the intervention had been followed by a distinct rise of the temperature. Under the influence of applications of iodo-guaiacol, the fever subsided in a few days and the effusion became absorbed.—*Le Semaine Medicale.*

Dr. F. Veltin recommends the use of creosote in tubercular pleurisy with effusion. He gives fifteen minims in twenty-four hours.

Dr. J. C. Minor says: "It has already afforded me much satisfaction to have used the 'Three Chloride Elixir,' R. & H., in many cases of debility from malarial toxaemic and other causes and in cases convalescing from other febrile conditions."

MISCELLANEOUS.

Hysterectomy by a New Method.

BY E. H. PRATT, M.D., LL.D., CHICAGO, ILL.

From a Reprint.]

Hysterectomy is sometimes not merely a justifiable, but a truly necessary procedure in a variety of conditions which is not the purpose of the present paper to discuss.

Taking it for granted, therefore, that in a given case the uterus must be sacrificed for the sake of the health and happiness of the patient, there is a method of accomplishing this purpose which seems in every way so superior, both in point of ease of accomplishment and of safety to the patient, to the methods at present advised and practiced by leading gynecologists, that a careful description of it is due the medical profession.

There are some very serious objections to the methods at present employed for performing the operation. It does no harm to separate the uterus from the bladder and penetrate the peritoneal cavity. There is nothing objectionable in entering the peritoneal cavity between the uterus and rectum. But there are very good grounds for objecting to squeezing the broad ligament and all its contents with either clamp or ligature. The arteries which are crushed are needed for the repair of the tissues. The peritoneal and vaginal surfaces which are included suffer prolonged and unnecessary injury, while the large bundle of sympathetic nerve fibres which are seized in the relentless and unremitting grasp of either clamp or ligature, whichever may be employed, must convey to the entire system such pitiful tales of agony as to more or less completely shatter the entire nervous system of the patient. Life may be saved, but it will certainly be badly handicapped by the nerve pinching and the immediate shock and subsequent disturbed functions involved in the process.

In the amputation of a limb it is very important to cut the nerves short to prevent them from becoming entangled in the gen-

eral mass of cicatricial tissue which, by subsequent contraction and consequent pinching, will induce neuralgia to such an extent as to require either an amputation of the limb by a better method or a resection of the nerves involved. The cerebro-spinal system can speak for itself, and if it is uncomfortable, complains so loudly in the language of pain as to demand attention; but the sympathetic speaks only in the language of function, and the pinching of a band of sympathetic nerve fibres might not in the least appeal to the consciousness of the patient, but simply paint the face with pallor, shorten the respiration, accelerate the heart's action, slow the steps, and sap the vitality and vigor of the entire system.

We remove cicatricial plugs from the uterus with the most marvelous results in all forms of chronic diseases, and the only satisfactory explanation of the success of the operation is that it liberates terminal nerve fibres of the sympathetic nervous system from the undue pinching of contracting cicatricial tissue. But if a cicatricial plug, by pinching a few terminal nerve fibres of the sympathetic nerve system, can so lower the vitality of the body as to make patients a prey to paralysis, tuberculosis, chlorosis, neuralgia, dyspepsia, insanity, or any other serious form of malady to which they are prone, what may we expect from securing in vice-like grip a much larger number of the same family of nerves?

It matters not by which method the broad ligament and its contents are grasped, the ligature or clamp violently crushing its tissues has nothing to commend it and everything to condemn it. The danger of wounding the ureters by this procedure is sufficiently great to be considered also as one of the objections to it. But there is a better way, to which the attention of the profession is now respectfully invited. It is so simple, effective and satisfactory in every way that it carries its own endorsement.

Surgeons seem to have been negligent in applying their knowledge of anatomy in the operations for extirpation of the uterus. All blood vessels of any considerable size pursue their course in a bed of loose areolar tissue. The uterine arteries are no exception to this rule. They do not ramify in the uterine structure itself, but in the loose tissue about the uterus. The circular artery is very tortuous, capable of stretching to a sufficient extent to permit the passage of the head of a fœtus.

Remember these two facts, it will at once be apparent that it is quite possible after separating the attachment of the vagina to the cervix a little above the external os, by carefully denuding the uterus of its areolar tissue, to press aside unwounded every important blood vessel in the neighborhood of the organ.

The method of procedure is as follows: The uterus is first to be dilated by the graded sounds, and then thoroughly packed with iodoform gauze or candle wicking to round out and harden the organ as much as possible, thus aiding the operator to observe its outlines in the subsequent process of dissection. The extremity of the cervix is now to be seized with a double vulcellum, or transfixed with a guy rope. A pair of straight-handled scissors, curved at the tip and sharp pointed, are now employed to sever the mucous membrane just above the seizure of the guy rope or vulcellum. A spud is made to tear through the areolar tissue underlying the mucous membrane until the instrument exposes the cervical tissue, which is easily distinguished from the areolar by its increased density. No further instrument will now be necessary than the pair of scissors with which the severing of the mucous membrane was effected.

In the first case operated upon by this process, the spud was employed as much as possible to peel back the cellular tissue from first the cervix and then the body of the uterus. But this involved more or less bruising of the tissues, and occasionally the spud would wander a little too far into the areolar tissue and would occasionally rupture a blood vessel, necessitating the use of artery forceps and ligature, so, after a few repeated experiences of this kind the spud was dispensed with except in the first stage of the operation, as just described. In its place the fingers and tenaculum were employed.

While the assistant was using traction upon the vulcellum, the uterus descending lower and lower in the process of extirpation, the thumb and finger of the left hand were employed to discriminate between the loose areolar tissue close to the uterus, a tenaculum was used to hook through the tissue, and then a pair of scissors were used to sever the connection of the areolar tissue with the uterus.

A little experience soon developed the fact that even the use of the fingers and tenaculum was unnecessary, and that the discrimination between areolar and uterine tissue could easily be made with the point of the scissors, thus facilitating the operation not only so far as safety was concerned, but in the important matter of time.

The best way of employing the scissors for this purpose is by thrusting one of the blades under the areolar tissue close to the uterus, and then severing it after the manner commonly employed in severing a contracted frænum.

At the location of the internal os, where the neck is attached to the under surface of the body of the uterus, the adhesions of the areolar tissue are extremely firm, constituting what is known as the lateral uterine ligaments. There is no difficulty, however, even at this point, in discriminating between the uterine tissue and that surrounding it, and the uterus need not be even wounded in this process of extirpation.

As dissection progresses around the circumference of the entire organ, the under surface of the peritoneum in front and behind may be broken into or not at the discretion of the surgeon. If, as sometimes happens, extirpation of the uterus is found necessary, where the ovaries and fallopian tubes have been previously removed, it will not be necessary to wound the peritoneal cavity, and by a careful dissection the entire uterus can be taken away without in the slightest degree wounding the peritoneum. As a rule, however, it will be well to examine the condition of the ovaries and fallopian tubes, and it is better to enter the peritoneum in front and behind after the dissection has been carried to a sufficient height to make flaps of sufficient length to enable the operator to construct a satisfactory peritoneal floor after the uterus is removed. On the sides, however, along the attachment of the broad ligament, it will be necessary to carry on the dissection after the manner described clear to the fundus of the uterus. In doing so, the operator will, in addition to severing the areolar tissue, amputate first the round ligament and then the ligament of the ovary and fallopian tube. As the dissection of the attachment of the broad ligament approaches completion, in cases where the peritoneal cavity has been entered, the finger can be passed around the remaining fragment of the ligament and the dissection carried on as before, but rendered much easier as to the result of the tension of the tissues secured by stretching them over the finger.

After the uterus is removed, the ovaries and tubes can be examined by drawing the peritoneal tissues down by the aid of T-forceps, except in elderly women and those who have undergone severe inflammatory action, in which cases no examination will be possible except a digital one; and if it be deemed best to remove the ovaries and fallopian tubes in such cases, it is better to employ cœliotomy for this purpose.

Great care must be exercised in manipulating the tissues after the uterus is removed, as it is very easy to induce hæmorrhage. The edges of the peritoneum should now be brought together by catgut sutures, which can be introduced in and out around the edge of the peritoneum and then puckering like a purse string, or made to bring the opposite margins together in the form of a continuous suture. A plug of antiseptically prepared silk, inclosing a small roll of absorbent cotton, is now soaked in hamamelis, sprinkled with iodoform, and inserted into the wound, the wound in the vagina being thus held apart so as to secure free drainage.

Hysterectomy, when performed after the manner just described, seems to be not only a simple operation, but one apparently free from danger. The patients suffer but a trifling rise of temperature, and that only

for a day or so, and do not manifest even the slightest degree of discomfort.

Of course, when the uterus is enucleated by this process, and there has been no wound of the peritoneum, no stitches whatever will be required, the wound being simply plugged with medicated silk.

The vagina is now to be loosely packed with iodoform gauze, the other orifices of the body attended to, and the patient placed in bed.

The gauze and packing are to be left in position for forty-eight hours, after which they should be removed and another piece of iodoform gauze inserted into the vagina. This should now be changed daily for four or five days, after which it can be dispensed with and the vagina douched with boracic water once a day. The patient can, under ordinary circumstances, be permitted to sit up at the expiration of two weeks from the operation.

A Too Common Affront to the Profession.

About a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist; the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy, overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an extent as to engender anxiety and timidity on the part of prescribing physicians.

Persistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practicing physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while at the same time he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition we give below an extract from a letter from Dr. Bostick, of Galena, written October 24, 1893, to the Antikamnia Chemical Company. This letter is, by the way, a fair prototype. He says:

"I became dissatisfied some time since with the action, or rather non-action, of what I supposed to be Antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt quite sure he, with any appliances he had, could not imitate; since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as Antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with Antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners, where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of *everything* they specify in their prescriptions. *The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug, and knows equally well it cannot be successfully imitated.—Courier of Medicine*, November, 1893.

Urethral Inflammations and Ovarian Pains.

Dr. I. N. Cohen. of La Crosse, Wis., writing, says: "I tried Sanmetto in a case of Miss M. B., a blonde, age twenty-three years, who had been a sufferer for years with urethral inflamation and ovarian pains. I di-

rected a teaspoonful three times daily, and instructed patient to report as soon as menstruation was over, which she did, saying that this was the first time in five years that she had passed through the menstrual period without the slightest sign of pain. I ordered her another bottle of Sanmetto with instructions to continue as before."

Lysol in Dentistry.

Lysol, a dark-brown, syrupy liquid, in the concentrated state, produces a beautiful straw-colored solution in distilled water or alcohol, while water containing lime salts assumes a decidedly milky appearance by the addition of this agent. It possesses a characteristic odor which is not at all unpleasant, but rather agreeable. A one per cent. solution was found to be an antiseptic only, development appearing after three days on the first two plate cultures and a day or two later on the others. From a two per cent. solution upwards the agent is germicidal in its action in one minute. On the germs of saliva, no development took place in the plate treated with lysol, while eight colonies resulted in the plate of normal saliva.

Lysol more nearly answers the definition of a disinfectant than any agent experimented with, as it is a prompt and effectual deodorizer, a good detergent, and a prompt germicide; combining in one drug the qualities so essential for a dental disinfectant.

When used on very sensitive surfaces, the weaker solutions should be used first, as irritation results from the immediate application of a five per cent. or six per cent. solution to such surfaces.

In addition to its prompt, beneficial action, lysol is not disagreeable to most patients, and seemingly uninjurious to the teeth.—C. M. STEWART, in *Dental Register*.

Esencia De Calisaya.

Since this preparation was first put upon the market by the Mosquera-Julia Food Co., of Detroit, Mich., it has grown rapidly in favor as a tonic, stomachic, and to a lesser extent as an anti-periodic. There are few cases in the convalescent stage to which it is not applicable, especially if anorexia, weakness, and physical and mental depression are to be overcome.

It is a well-known fact, moreover, that the combined alkaloids of the cinchona bark are much more effective as a tonic than any one of the same taken singly. They are to be preferred in many instances as an anti-periodic, particularly where the periodicity of the attack has been in some degree mitigated. It is for this reason that the East India Government now provides its officials with what is termed "Cinchona Febrifuge"—which is but a combination of cinchona alkaloids—in preference to quinine. While cases are encountered where quinine seems practically indispensable, there are few that will not yield, and more satisfactorily, to a combination of cinchona alkaloids if persisted in. Esencia de Calisaya and Cinchona Febrifuge are practically identical, save that the former is a fluid medicament, the latter a powder.

It is for the foregoing reasons and to meet the demand of a large class of medical men, that Esencia de Calisaya has been put upon the market; recently, too, its scope has been increased somewhat, in that it is employed and highly recommended as a tonic in neurasthenia and other forms of disease that are the result of, or connected with, general, physical and mental depression. Apropos of this, Dr. Wyatt Wingrave, surgeon at the London Throat and Ear Hospital, remarks:

"I have great pleasure in expressing my appreciation of Esencia de Calisaya. It is an ideal 'Pick-me-up' and general tonic. It is slightly stimulant to the gastric mucous membrane, and is particularly useful in atonic dyspepsia. In the alcohol habit it satisfactorily neutralizes the craving for spirits, and will be found of great service in treating this distressing disease."

Other physicians have expressed themselves in like manner, asserting Esencia de Calisaya as a valuable adjunct in the treat-

ment of the liquor habit. It is objected by some that the preparation is too sweet, while others assert the precise contrary. Such a fault, if fault it be, is individual, and consequently cannot be corrected in the process of manufacture where a medicament is applicable to so large a class of diseases, and to so extensive a *clientele* as is thus provided.

The *Druggists' Circular* (New York, Oct. 1893,) gives currency to this irresponsible quotation:

"HARMFUL ACTION OF PIPERAZIN.—Dr. Roerig (*Therapeutische Monatshefte*) in using this remedy upon patients undergoing treatment at the Wildungen Springs, has noted that it may produce albuminuria, as determined by the picric acid test."

If the *Circular's* exchange editor read the European medical and pharmaceutical journals carefully he would not have admitted this unjust and untrue item to his journal's columns, because it could not have escaped his notice that Dr. Roerig's fallacy was at once contradicted and fully explained in every prominent journal. Or, if he gave a nearer neighbor, *Notes on New Remedies*, a casual examination monthly, the following reference to Dr. Roerig's discovery in our August number would have impressed itself on his mind, and thus prevented the publication of a misleading squib: "Piperazin is still too new a remedy to escape objections against its employment, which mainly depend upon incomplete acquaintance with the characters of the base. Thus Dr. Roerig a short time ago reported a most unpleasant bye-effect of piperazin, which, if true, might well have raised grave doubts as to the advisability of its administration. He observed that after administration of piperazin to two persons suffering from uric acid diathesis the urine gave a copious precipitate with picric acid, and he at once rushed to the conclusion that albuminuria was induced by the action of the piperazin upon probably unsound kidneys. This result, however, was in distinct contradiction to the observations of earlier investigators who had administered as much as 90 grains piperazin *pro die* without finding albumen in the urine. The fallacy was at once evident when Biesenthal pointed out that even with one part piperazin in 20,000 parts water picric acid produces a distinct precipitate, so that considering the large proportion of the base that passes through the organism undecomposed there is no wonder that a precipitate is formed by this reagent in the urine after administration of 15 or 30 grains piperazin. The correctness of this opinion has been practically demonstrated and the nature of the precipitate more nearly investigated. Employing picric acid as reagent the distinction between albumen and piperazin is best shown by the disappearance of the crystalline precipitate of piperazin picrate on warming, whilst the albumen compound is insoluble both in hot and cold water. In the light of this knowledge Dr. Roerig's observations lose their startling character."

No journal should endorse or recommend a drug carelessly on insufficient clinical information; but neither is it justified in giving currency to random contradictory and defamatory reports. A nicer and more consciencious regard for the responsibility of an editor to the readers of his journal would prevent the haphazard publication of such flotsam of our stereotype medical press.

Steresol or Antiseptic Varnish.

The following is recommended as a varnish for application to mucous membranes, where a dressing is desired, that will exclude the air and not be affected by the secretions:

Gum lac	270	grams.
Benzoin	10	"
Balsam tolu	10	"
Carbolic acid crys	100	"
Cinnamon oil	6	"
Saccharine	6	"
Alcohol q. s.	1	litre.

The highest awards and medals at the World's Fair were given to Reed & Carnrick's Infant Foods and Kumysgen.